

ALABAMA DEPARTMENT OF MENTAL HEALTH & MENTAL RETARDATION

THE LEGACY OF

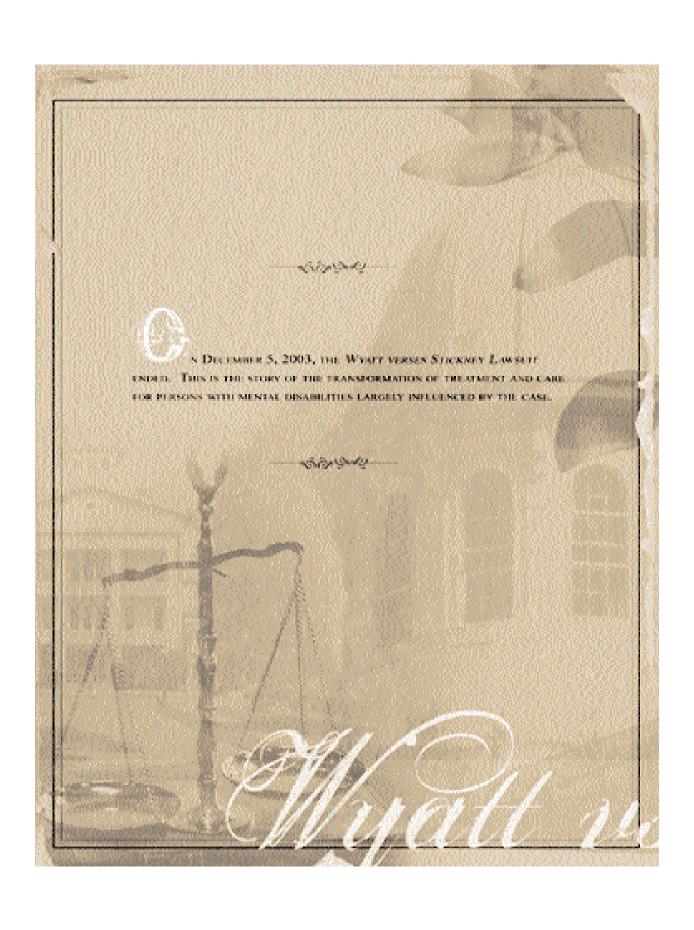
WYATT

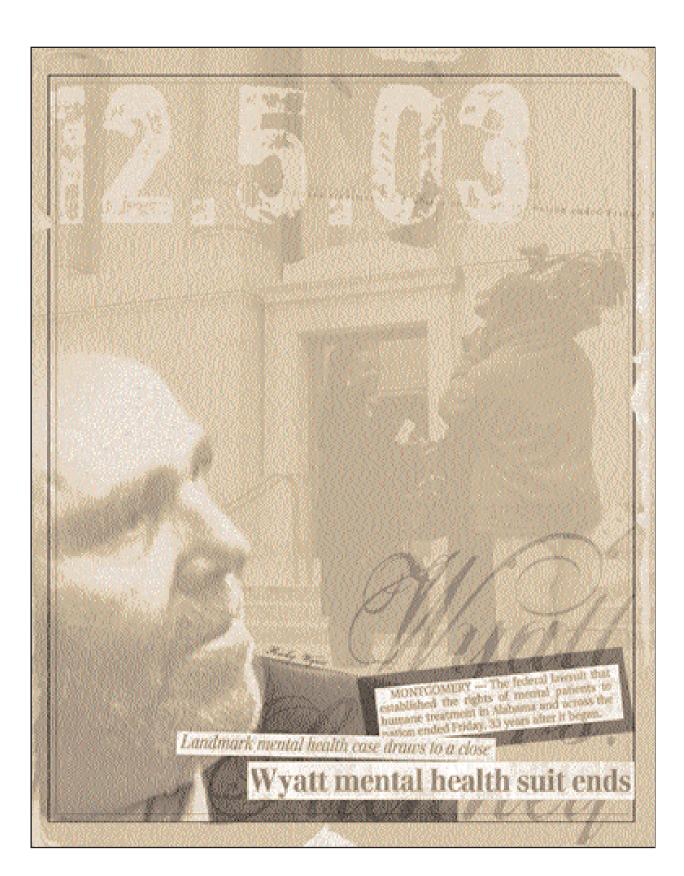
THE ROAD TO SELF-DETERMINATION—THE PAST, THE PRESENT, THE FUTURE

CONTENTS

INTRODUCTION	1
THE LEGACY OF WYATT	2
MENTAL HEALTH LAW FACTS	14

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n December 5, 2003, Federal Judge Myron Thompson ended Wyatt vs. Stickney, the longest running mental health lawsuit in U.S. history. Commissioner Kathy Sawyer and Governor Bob Riley gave testimony in open hearing and pledged to maintain the reforms and standards established by the 33-year Wyatt litigation. In his order, Judge Thompson used these words to describe the impact of the Wyatt case:

"The enormity of what this case has accomplished cannot be overstated. The principles of humane treatment of people with mental illness and mental retardation embodied in this litigation have become part of the fabric of law in this country and, indeed, international law."

The Wyatt vs. Stickney suit was filed in October of 1970 on behalf of Ricky Wyatt, a patient at Bryce Hospital in Tuscaloosa, Alabama. Wyatt's aunt was a Bryce employee who was part of a group facing a mass lay-off due to budgetary constraints. She and other mental health employees, including the superintendent, Dr. Stonewall Stickney himself, recognized the fact that lay-offs of professional staff would preclude even minimal treatment of patients at Bryce. The case eventually assumed a "patients rights" posture and was transferred to Federal Court. In 1971, Federal Judge Frank M. Johnson, Jr. in Montgomery issued a landmark ruling that persons with mental disabilities had a constitutional right to personal treatment with minimum standards of care. The words of Judge Johnson were as strong as the sound of his court gavel:

"There can be no legal or moral justification for the State of Alabama's failing to afford adequate treatment for persons committed to its care from a medical standpoint. Furthermore, to deprive any citizen of his or her liberty upon the altruistic theory that the confinement is for humane therapeutic reasons and then fail to provide adequate treatment violates the very fundamentals of due process."—FEDERAL JUDGE FRANK M. JOHNSON, JR.

Subsequently, the Judge identified 35 standards for adequate treatment for persons with mental disabilities in his order issued April 13, 1972. These standards included staffing, diet and nutrition, safety, physical plant adequacy, and many other features of protection. At the time of Judge Johnson's ruling, Bryce Hospital had over 5,000 patients with only three psychiatrists. Partlow, the state's facility for persons with mental retardation, had over 3,000 residents who also lived in overcrowded and inhumane conditions.

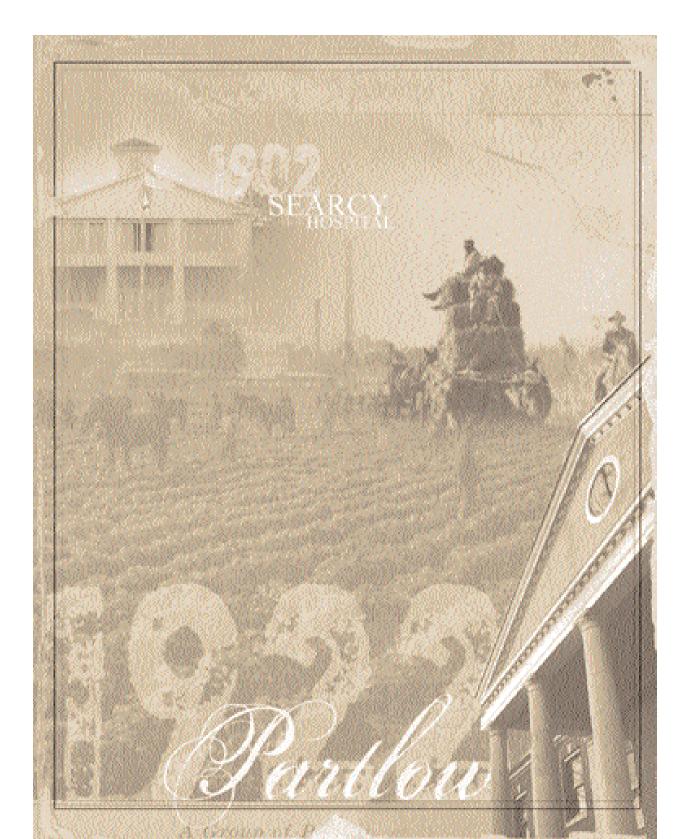
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The question is, "How did it get this bad?" Why did Alabama and most other states allow these horrible conditions to exist? To find the answer to this question, one must look at the broader view of the history of mental health services in the state. The early history of mental health in Alabama was characterized by the high moral and medical aspirations of mental health pioneers. Cultural conditions in mid-nineteenth century America provided fertile soil for the development of a social conscience in the rising middle class. The pre-industrial agrarian society was rich in religion and had a strong altruistic motive to help those who were "less fortunate." In particular, the Quakers rejected the harsh treatment of the disabled in Europe and called for more humane care for those they considered "mentally defective." This and other social transformations spawned the Moral Treatment Movement. One of the champions of the Moral Treatment Movement was Dorothea Dix. In the late 1840's, Ms. Dix visited Alabama and lobbied the governor and the legislature for the establishment of a state hospital for the mentally disabled.

'I first visited Alabama in the spring of 1847. I was fortunate to spend a productive day with Chief Justice Henry Collier. Little did I know that he would one day become governor. Two years later, in his inaugural address to the Legislature, Governor Collier recommended the establishment of a state hospital for the insane. In 1861, nearly 12 years later, the hospital was completed. I've never had a prouder day in my life."—DOROTHEA DIX

The hospital assumed the design of the Kirkbride model. Kirkbride was a world-renowned architect who conceptualized hospital facilities where every room had an outside window with views of spacious grounds. Dr. Peter Bryce was the first Superintendent of the hospital. His philosophy of patient care was extraordinarily progressive. He believed in freedom from seclusion and restraint and that every patient had the right to the latest forms of treatment and care. At the new facility, meals were provided in dining room settings where patients could visit and enjoy the camaraderie of their friends. Patients had their own rooms furnished much like home. This atmosphere was worlds apart from the conditions earlier in the 19th century experienced by the mentally disabled. As one writer put it, "Just a few years before the so-called 'indigent insane' and the 'feebleminded' lived in horrendous conditions and were often warehoused with the able-bodied poor and orphans. Cages were among the popular forms of treatment. People were considered to be slightly more valuable than animals. In fact, animals were often treated better than this poor lot."

Bryce was a giant step in the right direction. However, it would be another 60 years before a clear-cut distinction was made between the treatment of persons with mental illness and individuals with mental retardation. For those 60 years they all lived together at Bryce. Bryce had been established to offer peace and tranquility to the mentally disabled. In accordance with its mission, the staff utilized the most modern forms of treatment known at that time. largest consumer conferences in the nation.

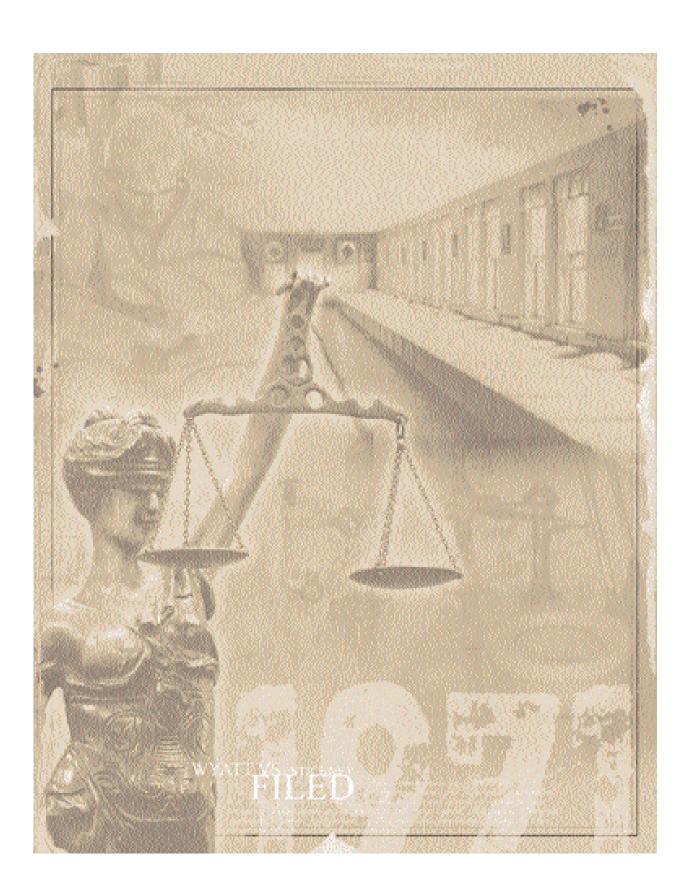


One of the main forms of therapy for patients was farming. Annually, residents worked in the fields and reaped enough harvest to make the institution virtually self-sufficient. Some called this a "plantation" system and criticized hospitals for taking advantage of the mentally defective. Admittedly, patients worked long hours in the fields with little or no pay. However, outside work was considered to be a form of therapy in the late 19th and early 20th centuries. The reformer, Dorothea Dix, supported the farm-therapy system as beneficial to the patient's health. In Alabama, patients produced enough harvests to pay for the expenses of the hospital on an annual basis.

The second mental hospital built in the state was Searcy Hospital near Mobile, Alabama. The hospital was constructed on the property once occupied by a U.S. Army post. At one time, the post housed over 400 Apache Indians including the infamous Chief Geronimo. In 1895, the post was given to the state, and in 1902, a hospital was built for the purpose of providing services for blacks. In consideration of the limited funds provided for the renovation of the Federal buildings, Dr. Reuben Searcy utilized Bryce patients to prefabricate the windows and other architectural features of the facility. Like Bryce, Searcy Hospital had an aggressive farm-therapy program and became virtually self-sufficient from the sale of produce.

Although people with mental retardation worked along side people with mental illness in the farm-therapy program, it became evident that these were two different conditions with the need of two distinct types of services. Dr. W. D. Partlow, who served as assistant superintendent for Bryce and Searcy, saw the need for an institution that would provide distinct services for people with mental retardation. In 1922, the first buildings of the "Alabama School for Mental Deficients" were completed on 108 acres of property adjoining the lands of Bryce Hospital in Tuscaloosa. In 1927, the legislature changed the name to honor Dr. Partlow.

The great boost to the program came with the organization of "Patrons for Partlow State School," an organization of relatives and friends who influenced the upkeep of the services of the school. Alabama was one of the early states to arouse and encourage family participation in this manner.



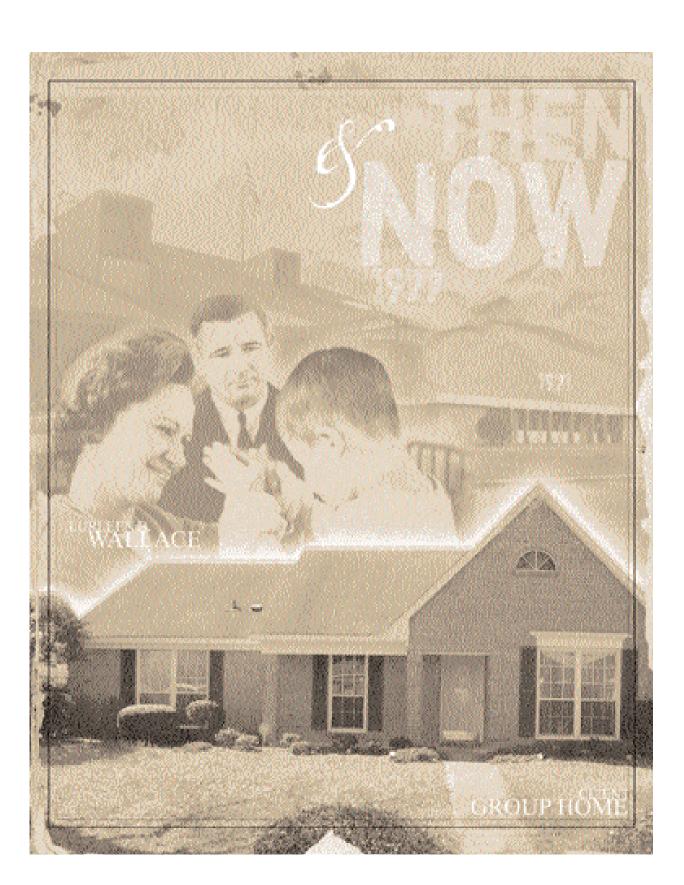
Between 1930 and 1940, the census at Bryce grew from 2,600 to over 4,000. Partlow's population also doubled. In the post World War II era, admissions in Bryce and Partlow continued to soar as living conditions fell into what amounted to a "warehousing" system. Although there were some advances in treatment and developmental techniques, living conditions were sadly similar to the horrible overcrowded and inhumane settings that were opposed by Dorothea Dix 100 years earlier. The original visions of Dr. Bryce and Dr. Partlow to provide quality care in a quality environment had been swept away. People with mental retardation who were deemed to have "unmanageable behavior" continued to be commingled with patients at Bryce through the 1960's.

In 1970, a journalist who visited the Jemison building at Bryce Hospital described conditions there as follows:

"Human feces were caked on the toilets and walls; urine saturated the aging oak floors; many beds lacked linen; some patients slept on floors. Archaic shower stalls had cracked and spewing shower heads. One tiny shower closet served 131 male patients; the 75 women patients also had but one shower. Most of the patients at Jemison were highly tranquilized and had not been bathed in days. All appeared to lack any semblance of treatment. The stench was almost unbearable."

Thus, the downward spiral of warehousing overcame the aspirations of the early reformers...until 1971 when Federal Judge Frank Johnson, Jr. issued his landmark ruling in the fledgling *Wyatt vs. Stickney* lawsuit. The ruling decreed that people with mental disabilities had a constitutional right to personal treatment with minimum standards of care. These standards included staffing, diet and nutrition, safety, physical plant adequacy, and many other features of protection. At the time of Judge Johnson's ruling, Bryce Hospital had only three psychiatrists to serve over 5,000 patients. Discharge was virtually impossible without careful scrutiny by one of these doctors. Partlow, the state's institution for persons with mental retardation, had over 3,000 residents living in overcrowded and inhumane conditions who had no legal alternative.

Wyatt vs. Stickney led to sweeping reforms in mental health systems in the state and ultimately across the nation. These reforms were similar in their essence but distinct in how services were delivered to persons with mental retardation and persons with mental illness. The first major reform for mental retardation services in Alabama was the beginning of state funding for community programs in 1971. Local chapters of the Association for Retarded Citizens were among the first providers of group homes and day habilitation services in communities across the state.



The next significant change in mental retardation services came with the establishment of regional Developmental Centers. In the early 70's, Lurleen B. Wallace, the wife of Governor George Wallace, visited Partlow and was struck with the horrendous living conditions at the facility. She asked the legislature to provide funding for other residential facilities that would provide developmental opportunities for people with mental retardation. The first of these was named in her honor, the Lurleen B. Wallace Developmental Center in Decatur, Alabama.

In the early 70's, the Wallace Center instituted state-of-the-art services for residential and day habilitation. The J. S. Tarwater Developmental Center followed in 1977, along with A. P. Brewer Developmental Center in Mobile in 1984. The Glenn Ireland Developmental Center, established in Birmingham in 1986, was closed within a decade due to the downsizing initiatives of *Wyatt*. By the early 90's, the state of Alabama had a growing community provider network and four Developmental Centers that provided institutional services for all geographic portions of the state.

With the rise of community services the developmental centers were destined to "work themselves out of a job." By the termination of *Wyatt* in 2003, all but one of the four centers was slated for closure. In 2004, the one that remained was the W. D. Partlow Developmental Center in Tuscaloosa.

In 2003, the department's Division of Mental Retardation opened the first Office of Consumer Empowerment. The director of the office is an individual with a cognitive developmental disability. The department now serves over 12,000 people a year with mental retardation through community contract providers and less than 300 annually at Partlow.

The reforms mandated by *Wyatt* also had a profound affect on mental illness services. The shift in emphasis from institutional care to community-based care was central to these reforms. The census at Bryce dropped from over 5,000 patients in 1971 to less than 400 in 2004. Over the 33-year term of the case a broad network of community providers evolved, and by the termination of *Wyatt* in 2003, they served over 100,000 Alabamians per year with offices in all 67 counties.

As part of a *Wyatt* consent decree, the department established an Internal Advocacy Office in 1986 and in 1991, an Office of Consumer Relations was opened with a mental illness consumer as its director. By the termination of *Wyatt*, consumers served on all boards and steering committees of the department.

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As more and more consumers had opportunities to live in the community, the department initiated programs to help with the transition to community life. ACT Teams (Assertive Community Treatment Teams) were established to help local mental health centers maintain contact with consumers who were at risk of re-hospitalization. Over 300 new affordable housing units were available to consumers in 2003, and in 2004, the department invested over 8 million dollars in its Indigent Drug Program (IDP). This program provided free medication to consumers who could not qualify for Medicaid or private health insurance. The IDP program helped consumers maintain the proper regimen of medications necessary for their recovery. In addition to ACT teams and IDP, consumer-managed Drop-in Centers were established across the state giving former patients a place to congregate for recreation or special programs. The consumer movement became so well established in Alabama that by 2004, over 900 consumers gathered at the 12th Annual Shocco Springs Spring Conference to learn about self-advocacy, voting and other relevant topics. Reportedly, this is one of the largest consumer conferences in the nation.

The *Wyatt* case set minimum standards of care, established patient rights, fostered the downsizing of state institutions and the proliferation of community services. Today, consumers for MR and MI services sit on department Boards and Committees that influence the management of institutions that at one time warehoused people with mental disabilities. The stigma formerly associated with mental illness or mental retardation is being reduced by public education and community awareness. People are looking at the abilities, not the disabilities of consumers. Equal respect and treatment are now the law of the land.

In his order written in association with the termination of Wyatt, Federal Judge Myron Thompson, said;

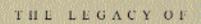
"Wyatt heightened public awareness of the needs of institutionalized people with mental illness or mental retardation. Today, as a result, any judge, legislator, or executive official who would seek to reverse the everyday involvement and oversight of state and local advocacy groups, friends, and family members of people with mental disabilities, and self-advocacy by consumers would face universal condemnation. Therefore, the legacy of this litigation cannot be terminated by any court."



MENTAL HEALTH LAW FACTS

Information taken from www.bazelon.org

- Wyatt v. Stickney set minimum standards of care for people with mental disabilities and also safeguards human rights in Alabama psychiatric and mental retardation institutions and mandates community care for residents.
- In the Fair Housing Amendments Act of 1988, it is illegal to deny access to housing based on a disability.
- In Oxford House v. Babylon, it was established that a group of people with disabilities living together is a "family" for zoning purposes and cannot be excluded from a neighborhood of single-family homes.
- Olmstead v. L.C. preserves the right of people with disabilities to receive services in the least restrictive setting consistent with their need.
- Congress mandates preadmission screening for nursing home applicants and an annual review of those residents to prevent a "warehousing" and require active treatment.
- Mills v. Board of Education established appropriate education through the public schools for children with disabilities. The Act is now called the Individuals with Disabilities Education Act (IDEA).
- The Americans with Disabilities Act prohibits discrimination against people with physical or mental disabilities, in employment, public services and all aspects of public life (1990).
- Wyatt v. Hardin establishes procedures to be followed before an institutional resident may be sterilized (1974) and sets standards governing the use of electroshock in Alabama institutions (1975, revised in 1992).



WYATT

Want as Stickney, the longest running mental health lawsuit in the U.S. history, literally transformed the landscape of mental health treatment for people with mental illness and people with mental retardation. This is the story of that transformation.

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